



IT'S YOUR CALL

Operation S.A.V.E
Community Edition

May 2012



U.S. Department
of Veterans Affairs

Veterans
Crisis Line



1-800-273-8255
PRESS 1

VeteransCrisisLine.net
or text to 838255

Confidential help for Veterans and their families and friends

Suicide in the United States

- **36,909** deaths from suicide per year amongst the U.S. population overall
- Suicide is the **10th** leading cause of death in the U.S.
- **16,799** deaths from homicide per year amongst the U.S. population overall
 - Approximately ½ the number of annual suicides
- Homicide is the **15th** leading cause of death in the U.S.

Suicide in the United States

- It is estimated that close to **one million people** make a suicide attempt each year.
 - One suicide attempt every 34 seconds
 - One death by suicide every 14.2 minutes
- Gender disparities:
 - Women attempt suicide **three times** more than men.
 - Men complete suicide at a rate of almost **four times** that of women.
 - For individuals over age 65, the rate for men is almost **eight times** greater than that for women.

(Centers for Disease Control and Prevention, 2009)

Suicide in the United States

- Are Some Ethnic Groups or Races at Higher Risk?
 - Of every 100,000 people in each of the following ethnic/racial groups below, the following number died by suicide in 2009:
 - Highest rates:
 - White Male — 21.6 per 100,000
 - Native Americans — 12.3 per 100,000
 - Non-White Males — 9.2 per 100,000
 - Black Males – 8.6 per 100,00
 - Lowest rates:
 - Hispanics — 5.3 per 100,000
 - Asian and Pacific Islanders — 6.3 per 100,000

(Centers for Disease Control and Prevention, 2009)

Facts about Veteran suicide

- 20 percent of U.S. deaths from suicide are Veterans (*National Violent Death Reporting System*)
- Veterans are more likely than the general population to use firearms as a means for suicide (*National Violent Death Reporting System*)
- 950 suicide attempts per month among Veterans receiving VA health care services (*VA National Suicide Prevention Coordinator reports, October 1, 2008 – December 31, 2010*)
- Decreased suicide rates in Veterans aged 18-29 who use VA health care services (*National Violent Death Reporting System and VA Serious Mental Illness Treatment Resource and Evaluation Center*)
- 33 percent of recent Veteran suicides have a history of previous attempts (*VA National Suicide Prevention Coordinator reports, October 1, 2008 – December 31, 2010*)

Typical myths and realities

Myth or reality?

- Asking about suicide may lead someone to taking his or her life.

Typical myths and realities

Reality: Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the veteran permission to talk about his or her thoughts or feelings.

Typical myths and realities

Myth or reality?

- There are talkers and there are doers.

Typical myths and realities

Reality: Most people who die by suicide have communicated some intent. Someone who talks about suicide gives the guide and/or clinician an opportunity to intervene before suicidal behaviors occur.

Almost everyone who dies by suicide or attempts suicide has given some clue or warning. Suicide threats should never be ignored. No matter how casually or jokingly said, statements like "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Typical myths and realities

Myth or reality?

- If someone really wants to die by suicide, there is nothing you can do about it.

Typical myths and realities

Reality: Most suicidal ideas are associated with treatable disorders. Helping someone find a safe environment for treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

Typical myths and realities

Myth or reality?

- He/she really wouldn't die by suicide because...
 - he just made plans for a vacation
 - she has young children at home
 - he made a verbal or written promise
 - she knows how dearly her family loves her

Typical myths and realities

Reality: The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

Factors that may increase suicidal risk

- Current ideation, intent, plan, access to means
- Previous suicide attempt or attempts
- Alcohol/Substance abuse
- History of a psychiatric diagnosis
- Impulsivity and poor self control
- Hopelessness
- Recent losses (physical, financial, personal)
- Recent discharge from an inpatient unit
- Family history of suicide
- History of abuse (physical, sexual, emotional)
- Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- Age, gender, race (elderly or young adult, unmarried, white, male, living alone)
- Same-sex sexual orientation

Veteran-specific risks

- Frequent deployments
- Deployments to hostile environments
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service-related injury

Operation S.A.V.E.

Operation S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis. The acronym “S.A.V.E.” helps one remember the important steps involved in suicide prevention:

- Signs of suicidal thinking
- Ask the most important question of all
- Validate the Veteran’s experience
- Encourage treatment and Expedite getting help

Signs of suicidal thinking

- **The presence of any of the following signs requires immediate attention:**
 - Thinking about hurting or killing themselves
 - Looking for ways to die
 - Talking about death, dying or suicide
 - Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons

Signs of suicidal thinking

Additional warning signs:

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends

Asking the question

- Know how to ask the most important question of all...

Asking the question

“Are you thinking about killing yourself?”

Asking the question

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you thinking about killing yourself?

Asking the question

DO ask the question if you've identified warning signs or symptoms

DO ask the question in such a way that is natural and flows with the conversation

DON'T ask the question as though you are looking for a "no" answer

- "You aren't thinking of killing yourself are you?"

DON'T wait to ask the question until he or she is halfway out the door

Things to consider when talking with a Veteran at risk for suicide

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Use open body language
- Limit questions- let the Veteran do the talking
- Use supportive, encouraging comments
- Be honest- there are no quick solutions but help is available

Validate the Veteran's experience

- Talk openly about suicide. Be willing to listen and allow the Veteran to express his or her feelings.
- Recognize that the situation is serious
- Do not pass judgment
- Reassure that help is available

Encourage treatment and Expediting getting help

- **What should I do if I think someone is suicidal?**
 - Don't keep the Veteran's suicidal behavior a secret
 - Do not leave him or her alone
 - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or
 - Call 911
- **Reassure the Veteran that help is available.**
- **Call the Veterans Crisis Line at 1-800-273-8255, Press 1**

Encourage treatment and Expedite getting help

Safety Issues:

- **Never** negotiate with someone who has a gun
 - Get to safety and **call security or 911**
- If the Veteran has taken pills, cut himself/herself, or otherwise done harm to himself/herself in some way:
 - **Call security or 911**
- Call the Veterans Crisis Line at 1-800-273-8255, Press 1

Encourage treatment and Expedite getting help

- Remember: When a Veteran at risk for suicide leaves your facility, provide suicide prevention information to the Veteran and his or her family
 - Veterans Crisis Line number 1-800-273-8233 Press 1 for Veterans
 - Veterans Crisis Line brochures and wallet card

Resources

- Mental Health
 - VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
 - For more information on VA Mental Health Services visit www.mentalhealth.va.gov
- Vet Centers
 - Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
 - For more information about Vet Centers and to find the Vet Center closest to you visit www.vetcenter.va.gov

Resources

- Make the Connection
 - MakeTheConnection.net is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit www.MakeTheConnection.net to learn more.
- Post-Traumatic Stress Disorder (PTSD)
 - Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit www.ptsd.va.gov
 - PTSD Coach App: The PTSD Coach application, allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit www.ptsd.va.gov/public/pages/PTSDCoach.asp

Resources

- Veterans Crisis Line/Chat/Text
 - 1-800-273-8255, Press 1
 - <http://www.veteranscrisisline.net/>
 - Text to 838255
- VA Suicide Prevention Coordinators
 - Each VA Medical Center has a suicide prevention coordinator to make sure Veterans receive needed counseling and services
 - Resource locator - <http://www.veteranscrisisline.net/>